

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget. Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

<p>1. Agency/Subagency originating request</p> <p>EPA/Office of Air and Radiation/Office of Air Quality Planning and Standards</p>	<p>2. OMB control number b. <input checked="" type="checkbox"/> None</p> <p>a. _____ -- _____ 2060 Comment # 2060-0455</p>
<p>3. Type of information collection (check one)</p> <p>a. <input checked="" type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p><i>For b--f, note item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (check one)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: ____/____/____</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities</p> <p>Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ____/____/____</p>
<p>7. Title "Reporting and Recordkeeping Requirements for National Emission Standards for Hazardous Air Pollutants for Boat Manufacturing (40 CFR Part 63, subpart VVVV)".</p>	
<p>8. Agency form number(s) (if applicable) 1966.02</p>	
<p>9. Keywords Information collection, Boat manufacturing</p>	
<p>10. Abstract. Each respondent would be required to submit an initial notification that the source is subject to standard. Each respondent would submit annual compliance reports and semiannual compliance reports. Additions and reports would depend on how the owner or operator chooses to comply with the standards. Respondents who choose to comply by limiting the HAP content of their fiberglass or aluminum boat manufacturing processes and operations would monitor and record (in a spreadsheet) the monthly consumption of material and show the weighted-average HAP content over the past 3 months. Respondents who choose to use an enclosure and add-on control device would submit a control device performance test report, including operating ranges for parameters; and annual start-up, shutdown, and malfunction reports.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Business or other for-profit e. <input checked="" type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, Local, or Tribal Governments</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents _____ 45</p> <p>b. Total annual responses _____ 45</p> <p>1. Percentage of these responses collected electronically _____ 0%</p> <p>c. Total annual hours requested _____ 10,343</p> <p>d. Current OMB inventory _____ 0</p> <p>e. Difference _____ 10,343</p> <p>f. Explanation of difference</p> <p>1. Program change _____ 10,343</p> <p>2. Adjustment _____ 0</p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars)</p> <p>a. Total annualized capital/start-up costs _____ 0</p> <p>b. Total annual costs (O&M) _____ 0.9</p> <p>c. Total annualized cost requested _____ 0.9</p> <p>d. Current OMB inventory _____ 0</p> <p>e. Difference _____ 0.9</p> <p>f. Explanation of difference</p> <p>1. Program change _____ 0.9</p> <p>2. Adjustment _____ 0</p>
<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually</p> <p>7. <input type="checkbox"/> Biennially 8. <input checked="" type="checkbox"/> Other (describe) one time</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p style="text-align: right;">G Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (person who can best answer question regarding the content of this submission)</p> <p>Name: Mark Morris, U.S. EPA, MD-13</p> <p>Phone: (919) 541-5416</p>

19. Certification for paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Office Official	Date
Signature of Senior Official or designee	Date
Director, Collection Strategies Division	